
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
_____,
Plaintiff(s),
vs.
_____,
_____,
Defendant(s).

CASE NO. _____
ORDER ON MOTION TO RETAIN CASE

The Motion to Retain is denied.

IT IS ORDERED that this case is not dismissed.

The following action must be completed:

_____.

If the above is not done by (date) _____, this case will be
dismissed without further notice unless an additional Motion and Affidavit to Retain is filed.

DATE: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy was served: (name all parties or their attorneys in the case, including yourself)

To:

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- By Hand-delivery
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- By Mailing
- By Fax to (number) _____

Date: _____

Deputy Clerk